SALARIED EXEMPT EMPLOYEE TIMESHEET

Employee Name: _____ Work Site: _____ Payroll Period: _____

Date	Head Start	HS/EHS COVID	Early Head Start	ARP	EHS Class	Smart Start School Age	USDA	Safe & Stable	PCDC	Holiday	PTO With pay	Total Hours
Total												

By submitting this to my supervisor, I acknowledge that the information is true and correct to the best of my knowledge. I understand that false information on this timesheet will result in disciplinary action.

Employee: _____ Supervisor: _____

For Payroll Use Only

Totals: Hours _____ PTO _____ Holiday _____

HS Ops ____% $_____EHS Ops ____% $_____ SS School Age _____% $_____ EHS Admin_____% $_____

USDA _____% $_____ S&S _____% $_____ PCDC _____% $_____ EHS Class___% $_____
HS/EHS COVID____% $_____ American Rescue Plan _____% $_____ HS Admin_____%_____

Payroll Entry Staff: _____ Staff Verification: _____